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SIPDIS

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SUBJECT: VIETNAM - REVISED AVIAN INFLUENZA TRIPWIRES

REF: Hanoi 822

1. Mission Vietnam developed and submitted tripwires and possible actions for various Avian Influenza (AI) scenarios in March, 2005 (Reftel). The Mission's AI Working Group (AIWG) recently met to revise tripwires and responsive actions in response to new assessment of the situation. The following revised AI assumptions, tripwires, and possible actions have been approved by the Ambassador. We invite and welcome feedback from relevant offices and agencies with expertise in emergency planning and/or influenza.

Key Assumptions

2. The AIWG make the following assumptions for planning purposes:

- a. The risk to USG personnel is currently low. The contingent risk is that H5N1 begins to transmit actively between humans. Risk would be manageable if human-to-human transmission occurred only in cases of extensive intimate contact. Transmission by casual human-to-human contact would require rapid action to protect our personnel.
- b. There is a high probability that Vietnam would be at the center of any outbreak of human-to-human H5N1 infection.
- c. Vietnamese medical facilities would be unable to handle more than a handful of AI cases at any given time at an international standard of care. Facilities to provide care at a lower standard, including mechanical ventilation capabilities, would also be overwhelmed at a level somewhere in the range of 5-10 cases in either Hanoi or Ho Chi Minh City.
- d. Depending on the speed of a human-to-human outbreak, U.S. citizens could be quickly cut off from air evacuation routes. Evacuation by land or sea might also become impossible.
- e. The Mission would be unable to obtain essential medical and basic supplies in the event of a crisis and should stockpile adequate provisions.

Tripwires and Recommended Actions

3. The Ambassador has approved the following revised Mission's tripwires and possible associated actions:

Tripwire 1: Spike in number and broadening geographic spread of animal-to-human transmission cases in Vietnam indicating an increase in the transmissibility of the virus and/or causing a serious strain on local medical facilities.

Possible Actions:

- a. Restrict official and unofficial travel to rural areas.
- b. Release warning announcement to Mission personnel and issue corresponding warden message to private American citizens.
- c. Consider issuance of a travel warning for Vietnam.
- d. Consider authorized departure of family members and non-emergency American personnel.

Tripwire 2: Sustained human-to-human transmission, as evidenced by a cluster of cases (office, apartment building, etc.) in an urban area of one or more of the other six at-risk countries in the region (not Vietnam). This is particularly significant if there are multiple, geographically diverse clusters, or a cluster occurs in a major transit hub.

Possible Actions:

- a. Request Department authorize departure of family members and non-emergency personnel.
- b. Screen all visitors to USG facilities.
- c. Impose mandatory sick leave for any employee who exhibits any flu symptoms or has a family member with flu symptoms, monitored by MED Unit.
- d. Request Department issue a travel warning.
- e. Issue a public announcement to the American community.

Tripwire 3: Sustained human-to-human transmission, as evidenced by a cluster of cases (office, apartment building etc.) in Vietnam, but outside HCMC or Hanoi. This is particularly significant if there are multiple, geographically diverse clusters, or a cluster occurs in an urban area and/or is not safely isolated.

Possible Actions:

- a. Request Department authorize ordered departure of family members and non-emergency personnel. Implement administrative leave for non-emergency FSNs.
- b. Limit consular services to emergencies only.
- c. Implement mandatory sick leave for any employee who shows flu symptoms or has a family member with flu symptoms, monitored by MED Unit.
- d. Implement screening of all visitors and use of protective gear (masks, gloves, clothing, etc.).
- e. Require mandatory prophylactic use of Tamiflu by emergency U.S. and FSN staff remaining on the job.
- f. Request Department issue a travel warning for Vietnam.
- g. Issue a public announcement to private American community.

Tripwire 4: Sustained human-to-human transmission, as evidenced by a cluster of cases (office, apartment building, etc) in HCMC or Hanoi. This is particularly significant if there are multiple, geographically diverse clusters, or a cluster is not safely isolated.

Possible Actions:

- a. Request Department authorize ordered departure from both posts. Implement administrative leave for non-emergency FSNs. Reduce staffing to absolute minimal level.
- b. Limit consular services to emergencies only.
- c. Close all Mission annexes and relocate remaining staff to Chancery/Consulate General.
- d. Impose mandatory sick leave for any employee who shows any flu symptoms or has a family member with flu symptoms, monitored by Med Unit.
- e. Implement screening of all visitors and use of protective gear (masks, gloves, clothing).
- f. Require mandatory prophylactic use of Tamiflu by minimal U.S. and FSN staff remaining on the job.
- g. Request Department issue a travel warning for Vietnam.
- h. Issue a public announcement to private American community.

Alternative Tripwire: A Mission employee develops Avian Influenza, in the absence of a broader outbreak described in tripwires 1, 2, 3, or 4 above.

Possible Actions:

- a. Treat the victim. Medevac if possible.
- b. Disinfect office.
- c. Administer Tamiflu to close contacts.

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MARINE